2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2018
Secretary of State
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Entity Name: BAY DERMATOLOGY & COSMETIC SURGERY, P.A.

Current Principal Place of Business:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668

Current Mailing Address:

8220 U.S. 19 NORTH
PORT RICHEY, FL 34668 US

FEI Number: 59-3282073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, RICHARD A
8220 US 19 NORTH
PORT RICHEY, FL 34668 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	MILLER, RICHARD A
Address	8220 U.S. 19 NORTH
City-State-Zip:	PORT RICHEY FL 34668

Title	D
Name	KRUTHCHIK, MICHAEL E
Address	8220 U.S. HWY 19 NORTH
City-State-Zip:	PORT RICHEY FL 34668

Title	D
Name	DORTON, DAVID W
Address	8220 U.S. HWY 19 NORTH
City-State-Zip:	PORT RICHEY FL 34668

Title	D
Name	ESGUERRA, DAVID
Address	8220 U.S. HWY 19 NORTH
City-State-Zip:	PORT RICHEY FL 34668

Title	D
Name	WITFILL, KRISTIN
Address	8220 U.S. HWY 19 NORTH
City-State-Zip:	PORT RICHEY FL 34668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD A MILLER D 04/05/2018

Electronic Signature of Signing Officer/Director Detail — Date